

SAMPLE

BACKUP DETAIL WORKSHEET FOR REQUIRED 1 - SUMMARY

Please use this backup worksheet or a similar format to determine the summary entries for the FY 2007 Full-Time-Equivalents and salaries on Required 1 - Summary.

YOUR ORGANIZATION OR SUB-CONTRACTOR'S NAME:

DATE OF PAYROLL CLOSEST TO JULY 1, 2007:

	EMPLOYEE EARNING <\$40,000	UFR TITLE	PROGRAM: Fresh Start (DMH)		PROGRAM: Fresh Start (DYS)		PROGRAM: Parenting (DSS)	
			CONTRACT # 21405240458000000000		CONTRACT # 92045579966000000000		CONTRACT # 20990579911000000000	
			FTE <\$40K	Salary of employee earning less than \$40K (charged to your program)	FTE <\$40K	Salary of employee earning less than \$40K (charged to your program)	FTE <\$40K	Salary of employee earning less than \$40K (charged to your program)
1	John	Direct Care/Program Staff II	1	\$24,000.00	1	\$24,000.00	XXXXXXXXXX	XXXXXXXXXX
2	Frank	Direct Care/Program Staff II	0.25	\$5,500.00	0.25	\$5,500.00	XXXXXXXXXX	XXXXXXXXXX
3	Mary	Direct Care/Program Staff I	0.75	\$15,000.00	0.75	\$15,000.00	XXXXXXXXXX	XXXXXXXXXX
4	Maria	Case Worker/Manager	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	0.50	\$14,000.00
5	Jose	Case Worker/Manager	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	1.00	\$36,000.00
6								
7								
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12								
13								
14								
15								
		TOTALS:	2.00	\$44,500.00	2.00	\$44,500.00	1.50	\$50,000.00

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
SALARY RESERVE 2007

– NOT REQUIRED TO BE SUBMITTED TO EOHHS –

INSTRUCTIONS FOR BACKUP DETAIL WORKSHEET FOR REQUIRED 1 - SURVEY

***Note:** In order to complete the full-time equivalent and salary entries on **Required 1 - Summary** (which requests program totals) use **Backup Detail Worksheet**. Please note that EOHHS is not requiring you to submit this information (we do, however, recommend you save it to your own disk). Please note that, you must have it (or similar documentation) available for audit purposes. After downloading the file, please type the relevant information in the correct cells.*

NAME	WHAT TO ENTER
YOUR AGENCY OR SUB-CONTRACTOR'S NAME	Enter your organization's name and/or the name of your sub-contractor, if applicable. We recommend that you have each of your sub-contractors complete a separate <i>Backup Detail Worksheet</i> . It is your responsibility to "roll-up" the sub-contractor's amounts into your submission, including them in the appropriate contract on your survey. OSD will not accept surveys directly from your sub-contractors.
DATE OF PAYROLL CLOSEST TO JULY 1, 2006	Enter the date of the payroll closest to July 1, 2006 used to complete this survey.
EMPLOYEE EARNING <\$25,000	For those employees earning less than \$25,000, list each employee's name or other identifier. See eligibility criteria on the <i>Help</i> webpage. Type "vacancy" if the eligible position is vacant but recruitment is under way (as of July 1, 2006). Extend this calculation page (down) by adding additional employees, if necessary.
UFR TITLE	Enter the UFR title from the list of eligible UFR titles below: <ul style="list-style-type: none"> • Program Manager • Program Director • Assistant Program Director • Supervising Professional • Physician • Physician's Assistant • RN-Masters, Psychiatric Nurse, N. Practitioner • Registered Nurse • Licensed Practical Nurse • Pharmacist • Occupational Therapist • Physical Therapist • Speech/Language Pathologist, Audiologist • Dietitian/Nutritionist • Special Education Teacher • Teacher • Day Care Director • Day Care Lead Teacher • Day Care Teacher • Day Care Assistant Teacher/Aide • Psychiatrist • Psychologist • Clinician (formerly Psychologist - Master's) • Social Worker -LICSW • Social Worker-LCSW • Social Worker - LSW • Licensed Counselor • Certified Vocational Rehabilitation Counselor • Certified Alcoholism and/or Drug Abuse Counselor • Counselor • Case Worker/Manager - Master's • Case Worker/Manager • Direct Care/Program Staff Supervisor • Direct Care/Program Staff III

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NAME	WHAT TO ENTER
	<ul style="list-style-type: none"> • Direct Care/Program Staff II • Direct Care/Program Staff I • Program Secretarial, Clerical Staff • Program Support, House., Maint., Janitorial, etc. • Payroll Taxes • Fringe Benefits
PROGRAM/CONTRACT #	<p>In the Program field, we suggest that you enter your program name or other identifier. Then, enter the contract number for which funds are being requested. If a program is funded by multiple state contracts, please use a separate column (going from left to right) for each contract and repeat the full program FTE count and salary amount for each contract that purchases a portion of the program.</p> <p>This may appear to be a duplication of FTE count and salary information. However, the survey (to which you will transfer the FTE counts and total salaries) corrects for this by apportioning the program totals to each contract (through the % of program purchased by the contract).</p> <p>Extend this calculation page (going from left to right) by adding additional columns, if necessary.</p>
FTE <40K	<p>For each employee listed as earning less than \$40,000, enter the proportion of that employee's time spent in each program in terms of a full-time equivalent. For example, enter 1.00 for Employee 1 if the individual works full time in the program. If Employee 2 works 20 hours per week and works 50% of the time in this program, enter .25 for the FTE.</p> <p>If an employee works in more than one of your programs (or his time is allocated to more than one program), spread that individual's time over the appropriate columns. Vacant positions are entered using projected time allocations.</p>
SALARY OF EMPLOYEE EARNING LESS THAN \$40K (CHARGED TO YOUR PROGRAM)	<p>For each employee listed as earning less than \$40,000, enter the annual salary amount that is charged to each of your programs (not individual contracts). For example, if Employee 1 earns \$24,000 and works full time in the program, enter \$24,000. If Employee 2 earns \$11,000 per year for a 20 hour work week and works 50% of his time in this program, enter \$5,500. (Note: you have entered .25 for the FTE.)</p> <p>If an employee works in more than one of your programs, spread that salary over the appropriate columns. Please enter projected salary allocations for vacant positions.</p> <p>Enter the full salary amount for each employee working in the program and repeat this full program salary amount for each contract that purchases a portion of the program (going from left to right).</p> <p>Do not include overtime.</p>
TOTALS (located at the bottom of the worksheet)	<p>Sum each FTE and Salary column.</p> <p>Enter the FTE sums on <i>Required 1 - Summary</i> for the corresponding contract.</p> <p>Next, enter the Salary totals on <i>Required 1 - Summary</i> for the corresponding contract.</p>